14000064937

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	-
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500258809935

04/18/14--01009--010 **125.00

APR 2 2 2013 T HAMPTON

COVER LETTER

	ration S on of Co			i			
SUBJECT:	<u> </u>	2	L	PROPERT	Maint	ENANCE	
	•			Name of Li	mited Liability Co	ompany	
The enclosed A	rticles o	f Or _l	ganizat	ion and fee(s) a	are submitted for f	filing.	
Please return all	corresp	ond	ence co	oncerning this m	natter to the follow	wing:	
	<u> </u>			DAVID	Lyじ Name of Perso		
			K	L Apr	Firm/Compan	ITENANCE	<u> </u>
					Firm/Compan	у	
		•	2574	BIC F	SENS TR	•	
					Address		
				MAITLAN	City/State and Zip	32751	
) 	City/State and Zip	Code	
		E-n	ail add	lress: (to be use	MAIL CO	al report notifica	ation)
For further infor	mation	conc	erning	this matter, ple	ase call:		
	JAVI D	>	Li	E at (_	Area Code	247-6	2097
	Name	of P	erson		Area Code	Daytime Te	lephone Number
Enclosed is a ch	eck for t	he f	ollowir	ig amount:			
\$125.00 Filing 1	Fee			Filing Fee & ate of Status	□\$155.00 Fili Certified Co (additional cop	рру	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
			ddress			et/Courier Add	ress
	Divisi	on o		on orations	Divis	stration Section sion of Corporat	tions
	P.O. E Tallah		5327 e, FL 3	2314	2661	on Building Executive Centhassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	vility Company is:	
KEL PROP	GETY MAINTE	ed Liability Company, "L.L.C.," or "LLC.")
(Must er	nd with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	t address of the principal	office of the Limited Liability Company is:
Principal Office Address:		Mailing Address:
		2174 316 Bans 72 MAITUNNS CL 32751 2. & Registered Agent's Signature:
ARTICLE III - Registered A	Agent, Registered Office iny cannot serve as its ow in active Florida registrati	e, & Registered Agent's Signature: on Registered Agent. You must designate an individual ion.)
ARTICLE III - Registered A The Limited Liability Compa another business entity with a	Agent, Registered Office iny cannot serve as its ow in active Florida registrati et address of the registere	e, & Registered Agent's Signature: on Registered Agent. You must designate an individual ion.) ed agent are:
ARTICLE III - Registered A The Limited Liability Compa another business entity with a	Agent, Registered Office iny cannot serve as its ow in active Florida registrati et address of the registere	e, & Registered Agent's Signature: on Registered Agent. You must designate an individual ion.)
ARTICLE III - Registered A The Limited Liability Compa another business entity with a	Agent, Registered Office iny cannot serve as its ow in active Florida registrati et address of the registere	e, & Registered Agent's Signature: In Registered Agent. You must designate an individual ion.) ed agent are: Lice
ARTICLE III - Registered A The Limited Liability Compa another business entity with a The name and the Florida stre	Agent, Registered Office any cannot serve as its own an active Florida registrative et address of the registere Nam	e, & Registered Agent's Signature: nn Registered Agent. You must designate an individual ion.) ed agent are: Luce ne
ARTICLE III - Registered A The Limited Liability Compa another business entity with a The name and the Florida stre	Agent, Registered Office any cannot serve as its own active Florida registrative and active Florida registered address of the registered Names 1918 1816 1818 and a street address (P.O. Bottom 1918)	e, & Registered Agent's Signature: nn Registered Agent. You must designate an individual ion.) ed agent are: Luce ne

any at capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	70
AMBR	BRIAN KRUSE 14926 WINDY MUNT GR
	CLBEMONT, PL 34711
	CLORMONT, ISC 54711
ANBR	DAVID LYLE
	2574 BIG BEND TE
	MAITURNO CL 3277
<u> </u>	
Use attachment if necessary)	
•	
V: Effective date, if other than the da	ate of filing: (OPTIONAL)
V: Effective date, if other than the dative date is listed, the date must be	ate of filing:
V: Effective date, if other than the dative date is listed, the date must be	ate of filing:
V: Effective date, if other than the dative date is listed, the date must be	ate of filing:
V: Effective date, if other than the dative date is listed, the date must be filing.)	ate of filing:
V: Effective date, if other than the dative date is listed, the date must be filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
V: Effective date, if other than the dative date is listed, the date must be filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
V: Effective date, if other than the dative date is listed, the date must be filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
V: Effective date, if other than the dative date is listed, the date must be filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
V: Effective date, if other than the dative date is listed, the date must be filling.) V1: Other provisions, if any.	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
V: Effective date, if other than the dative date is listed, the date must be filing.) VI: Other provisions, if any.	ate of filing:
V: Effective date, if other than the dative date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90
V: Effective date, if other than the dative date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90
CV: Effective date, if other than the date date is listed, the date must be filling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a range of a	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other than the date tive date is listed, the date must be filling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a range o	member or an authorized representative of a member, 605.0203 (1) (b). Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the dative date is listed, the date must be filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a fill (In accordance with section constitutes an affirmation unliam aware that any false inference of the constitutes and the constitutes are constituted as the constitutes and the constitutes are constituted as the constituted as the constitutes are constituted as the	member or an authorized representative of a member. 605.0203 (1) (b). Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State
EV: Effective date, if other than the dative date is listed, the date must be filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a filling (In accordance with section constitutes an affirmation undigate and aware that any false information constitutes and signature of a filling constitutes and affirmation undigated and sales information.	member or an authorized representative of a member. 605.0203 (1) (b). Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
ctive date is listed, the date must be f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a recordance with section constitutes an affirmation under a manual amaware that any false infe	member or an authorized representative of a member. 605.0203 (1) (b). Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
V: Effective date, if other than the dative date is listed, the date must be filling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a fill (In accordance with section constitutes an affirmation unliam aware that any false inference of the constitutes and the constitutes and the constitutes are affirmation unliam aware that any false inference of the constitutes are affirmation.	member or an authorized representative of a member. 605.0203 (1) (b). Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

Filing Fees:

2014 APR 18 PH 12: 29